



**TESTIMONY OF YALE NEW HAVEN HEALTH SYSTEM
PRESENTED TO THE
PUBLIC HEALTH COMMITTEE
MONDAY, February 23, 2015**

SB 246, An Act Defining And Establishing Standards For The Practice Of Telemedicine

SB 467, An Act Concerning The Facilitation Of Telemedicine

HB 6487, An Act Concerning Standards For Telemedicine Services

Good Afternoon, my name is Joseph Bisson, and I am Vice President, Business Development at Yale New Haven Health System. Thank you for the opportunity to provide testimony on **SB 246, An Act Defining And Establishing Standards For The Practice Of Telemedicine, SB 467, An Act Concerning The Facilitation of Telemedicine, and HB 6487, An Act Concerning Standards For Telemedicine Services**. We support these bills, as they seek to remove barriers to healthcare by establishing standards and safeguards and payment options for the practice of telemedicine through the use of technology.

Yale New Haven Health System (YNHHS), comprising Bridgeport Greenwich and Yale-New Haven Hospitals, is Connecticut's leading healthcare system. With over 20,000 employees and over 6,000 medical staff, we are among the largest employers. YNHHS provides comprehensive, cost-effective, advanced patient care characterized by safety, quality and service. We offer our patients a range of healthcare services, from primary care to the most complex care available anywhere in the world. YNHHS hospital affiliates continue to be a safety-net for our communities, and we provide care 24 hours per day, seven days per week. In addition to being economic engines for our communities, YNHHS hospitals care for more than one quarter of the State's Medicaid patients and provide millions in free and uncompensated care to those who need our services and have no ability to pay for them.

With an aging Baby Boomer population, a sharp increase in the number of Americans with health insurance, and a limited supply of primary care and specially trained physicians, telemedicine is rapidly expanding as a convenient and less costly alternative to the traditional doctor's office visit. Electronic visits or telemedicine is typically comprised of electronic document exchanges, telephone consultations, email or texting, and videoconferencing between patients and physicians or other licensed providers, including Physician Assistants, Nurse Practitioners, Registered Nurses, and even mental health professionals.

Nationwide, states are recognizing the benefits of telemedicine and are enacting provisions such as those intended by the Connecticut legislature to extend the limited number of licensed professionals and accommodate the increasing number of patients covered under the Affordable Care Act. We applaud the insight of the Connecticut legislature, and we agree that all telemedicine providers should be properly licensed to practice medicine in Connecticut, as credentialing is absolutely essential to ensuring physician practice standards are appropriate and patient care of the highest quality is provided. We also support the establishment of a registry of

out of state, credentialed providers, to be created and maintained by the Department of Public Health. Not only does this ensure transparency of services occurring within the state, but it gives patients an independent outlet to raise questions or voice concerns about their care.

In addition, we believe that evidence documenting appropriate patient informed consent for the use of telemedicine technologies for routine or non-emergency services must be obtained and maintained to ensure mutual understanding of both the patient and provider. At a baseline, we respectfully suggest that documentation includes the following:

- Identification of the patient, the physician, and the physician's credentials
- Types of transmissions permitted using telemedicine technologies (prescription refills, appointment scheduling, patient education)
- Patient agreement that the physician will determine whether the condition being diagnosed or treated is appropriate for a telemedicine encounter
- Details on security measures to be taken with the use of telemedicine technologies, including data encryption, password protected screen savers and data files. Additionally, suggestions on utilization of other reliable authentication techniques as well as potential risks to privacy would be appreciated
- Hold harmless clause for information lost due to technical failures; and
- Requirement for express patient consent to forward patient-identifiable information to a 3rd party

We must however be reminded that when consent is implied, as during emergency and intensive care environments, documentation of written or verbal consent of telemedicine services must often-times be waived.

Telemedicine is often the gateway to establishing a relationship with a primary care provider. We agree that the best practice is for physicians to link to a patient's medical record in advance of scheduled visits. However, telemedicine appointments often fill the void where there is no access to direct face-to-face evaluation and management. Requiring face-to-face evaluation initially limits access to care, thus negating telemedicine's benefits of reduced wait times and a more appropriate, less expensive setting.

Physicians who solely provide services using telemedicine technologies with no existing physician-patient relationship prior to the encounter must make documentation of the encounter using telemedicine technologies that are easily available and agreed upon by the patient and her identified healthcare provider immediately after the encounter. Additionally, the patient record created during the use of telemedicine technologies must be accessible to both physician and patient and be documented using a format that is consistent with established laws and regulations governing patient healthcare records.

Again we applaud the Public Health Committee and the legislature for considering these important measures.

Thank you, and I will be happy to answer any questions you may have.